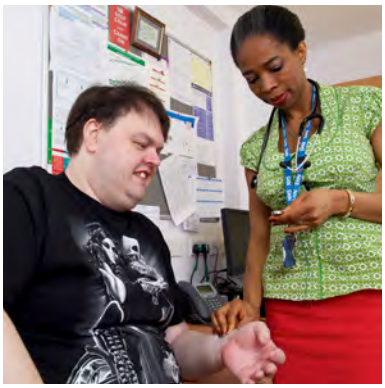
Maximising the Potential:
essential measures to support SAS doctors

Published by Health Education England
and NHS Improvement



February 2019

Contents

1. Our shared commitments

These are our shared commitments to support SAS doctors:

Shared commitments	
1	NHS Improvement and Health Education England (HEE), with partners, will continue to develop an improved data set about SAS doctors, including use of the Model Hospital.
2	NHS Employers and NHS Improvement will support the implementation of the SAS Charter, and in doing so will help to understand and address the current challenges.
3	NHS Improvement and NHS Employers will work with providers and SAS doctors to raise awareness of guidance for the induction and revalidation of SAS doctors.
4	HEE and NHS provider organisations will ensure SAS doctors are offered development opportunities linked to service need, their experience and career aspirations.
5	HEE will work with the GMC to explore the extent to which developments in credentialing can include opportunities to develop SAS doctors.
6	The Academy of Medical Royal Colleges (AoMRC) will work with the Royal Colleges to encourage access to e-portfolios for SAS doctors who require it.
7	HEE will work with the GMC to explore how SAS doctors who wish to return to formal training can be better supported to do so.
8	AoMRC and HEE will explore how SAS doctors can be involved more effectively by colleges as a part of the education process, specifically as educational and clinical supervisors for doctors in training.
9	HEE, with partners, will ensure that the SAS role is supported, developed and promoted as a viable alternative to training and consultant grade roles.
10	HEE, NHS Improvement and NHS Employers will ensure that SAS doctors have a clear role to play in workforce transformation and planning.
11	HEE will ensure consistency of funding for SAS doctors, in terms of geography and in activities funded through SAS tutors, associate deans and/or a nominated individual with responsibility for SAS doctors.

2. Foreword

This guidance describes what the NHS should be doing now to support staff grade, associate specialist, and specialty (SAS) doctors. All staff need effective induction and appraisal. They need support to develop their careers and use their skills in ways that realise their full potential. But evidence shows this is not always the case for SAS doctors.

This guidance aims to kickstart a process for better recognising and supporting this group of staff. We want to address some basic issues now and, through the workforce implementation plan arising from the NHS Long Term Plan, develop further commitments that will enable us to maximise the potential of this valuable part of our medical workforce.

The organisations involved in developing this guidance are clear about the important role of SAS doctors in workforce transformation plans and building multi-disciplinary teams to deliver safe and effective care. The guidance sets out clear actions that all contributing partners have committed to deliver in collaboration. This guidance was developed in response to the challenges articulated in both the draft workforce strategy for England published in December 2017, and the **Enhancing training and the support for learners**[1] report. It has been led by Health Education England (HEE), working in partnership with:

- NHS Improvement
- Academy of Medical Royal Colleges (AoMRC)
- NHS Employers
- British Medical Association (BMA)
- provider organisations.

Most importantly, through our working group we have involved SAS doctors, SAS tutors and their employing organisations, including representatives from the BMA and the associate deans for SAS doctors.

[1] https://www.hee.nhs.uk/sites/default/files/documents/ARCP%20Review%20-%20Enhancing%20training%20and%20the%20support%20for%20learners.pdf

We have heard that in addition to the support, recognition and development of SAS doctors (all of which are addressed in detail within this guidance), two of the most important issues are the terminology by which SAS doctors are identified, and the equity of support they receive across the country. This guidance explains how we are developing a shared system of names and terms for describing SAS doctors and explains how HEE is seeking to make an equitable support offer, regardless of where in the country a doctor works.

The NHS Long Term Plan articulated that greater support for SAS doctors is needed. This will help ensure that becoming an SAS doctor is an attractive career choice and provides valuable recognition of the role, which in turn will help meet the needs of patients and the service. The actions from this guidance, to be taken forward by system partners, are aligned to the ambitions of the NHS Long Term Plan and aim to ensure that there is a visible career trajectory for SAS doctors that is a genuine alternative for those not wanting to pursue present day postgraduate training.

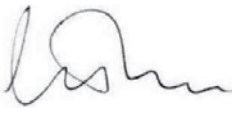
We would like to thank all who have been involved in, and contributed to, this important and transformational work. The collaborative nature of our discussions has resulted in a set of commitments that have been tested and refined, taking into account many views, not least those of SAS doctors and educators.

Professor
Wendy Reid

Executive Director
of Education & Quality,
National Medical Director
Health Education England

Danny
Mortimer

Chief Executive
NHS Employers



Professor
Carrie MacEwen

Chair
Academy of
Medical Royal Colleges

Dr Kathy
McLean

Executive Medical Director
and Chief Operating Officer
NHS Improvement

3. Introduction

This guidance sets out how HEE and system partners will support, value and develop SAS doctors to ensure they are offered fulfilling and varied careers with genuine development opportunities. This is crucial to transform the quality of care by harnessing the expertise of the entire medical workforce within effective multi-disciplinary teams.

The guidance identifies actions that will raise awareness of the role of SAS doctors as a genuine alternative to the model of a formal training programme leading to consultant posts. We have heard consistently that SAS roles offer flexibility for both doctors and their employing organisation, which may not always be available from either doctors in training programmes or the consultant body. We have heard that many doctors are choosing to work in an SAS role for a range of reasons, including developing a portfolio career, work/life balance, and furthering quality improvement and research. For SAS doctors already in post, the guidance sets out ways in which they can best be supported and developed.

From an employer's perspective, we have heard about the vital role that SAS doctors play in delivering high quality care within healthcare teams. SAS roles are often more focused on service delivery than other elements of the medical workforce, and they play an important role in addressing pressures and gaps at multiple levels. Their importance to employers cannot be understated. This guidance aims to outline how the contribution of SAS doctors can be maximised, at the same time ensuring SAS doctors are recognised appropriately.

The NHS Long Term Plan presents an opportunity to consider the contribution that SAS doctors make to providing high quality care for patients. As a group, SAS doctors have historically not received the same attention at a strategic level compared to their consultant colleagues or doctors in formal training programmes. This is often due to the diverse nature of SAS doctors who possess a broad level of competence and experience spread across employer organisations.

Recognising the range of organisations, roles and services that SAS doctors play a critical role within, and acknowledging that doctors' expectations about their careers change and evolve, this guidance outlines how the SAS role can be better supported, developed and utilised.

4. Who are SAS doctors?

How many?

SAS doctors include specialty doctors, associate specialists, staff grades and a number of other career grades. While SAS doctors fall within a wider group of doctors who are employed in the NHS and are neither consultants nor in a formal training programme, they differ significantly in terms of career aspiration and the services they provide to patients. As a result, their support and development needs differ considerably from other doctors in the group.

There are around 11,000 SAS doctors working in England. However, it is important to differentiate between SAS doctors and the wider constituent groups of doctors who have differing levels of competence and experience. This includes trust-grade posts and a range of fellowship positions often filled by doctors who have stepped out of a national training programme at a relatively early stage (often after completing foundation training) and are employed on a more temporary basis. GMC analysis shows around 90% of foundation trainees who have stepped out of a national training programme return to specialty or core training in the UK within three years.[2] As set out in **Enhancing training and the support for learners**, HEE is developing ways to better support this.

SAS doctors, together with this wider group of doctors represents around one-fifth of the total medical workforce, around 22,500 doctors in total.[3] This number has grown steadily since 2012 in line with the increase in the total medical workforce supply. Workforce information is limited, however, meaning that accurate mapping of title, role and responsibility is difficult. It is vital that the NHS better understands the demography of SAS doctors to best support their roles and development.

Specifically, SAS doctors are the most diverse branch of the senior medical workforce, with 69% from a black, Asian or minority ethnic (BAME) background[4] and a large proportion having trained overseas. The GMC[5] reports that some BAME doctors and non-UK graduates are more likely to receive sanctions and warnings than white and UK qualified doctors. A key factor,

[2] General Medical Council: Training pathways: analysis of the transition from the foundation programme to the next stage of training (2017): available at https://www.gmc-uk.org/education/reports-and-reviews/training-pathways
[3] NHS Electronic Staff Record, October 2017.
[4] Review Body on Doctors' and Dentists' Remuneration available at: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/602321/58665_DDRB_Book_Print.pdf (page 70).
[5] General Medical Council: The state of medical education and practice in the UK: available at https://www.gmc-uk.org/about/what-we-do-and-why/data-and-research/the-state-of-medical-education-and-practice-in-the-uk

confirmed by independent studies[6] and by the GMC[7], is that employers refer proportionately more BAME and non-UK graduates to the GMC compared with white doctors and UK graduates, and that employer referrals to the GMC are more likely to lead to sanctions or warnings than patient complaints.

Delivering the commitments in this guidance will support BAME SAS doctors to reach their full potential, work without fear of discrimination or prejudice and have access to career opportunities or experience that is not predetermined by ethnicity, nationality or colour.

What they do

SAS doctors provide specialist clinical services, and at the time of first appointment normally have a minimum of four years' full-time postgraduate training (or equivalent). At least two of these will have been in a training programme in a relevant specialty, including as a fixed-term specialty trainee or equivalent experience and competencies. These doctors form a wide and varied group of staff, often performing highly specialised roles, sometimes with a narrower remit than consultants. Many are widely recognised as senior and autonomous decision-makers in employer organisations, playing a vital role in the NHS.

Job titles and grades

Within the wider group of SAS doctors are a range of job titles and grades, derived from changing structures and contractual arrangements in recent years. The most common title is specialty doctor, a grade that is open to new appointees and the national title to which all new SAS doctors should be appointed. Several national grades and titles are now closed (including associate specialist, staff grade, clinical medical officer, hospital practitioner and clinical assistant), although some employers are still appointing doctors on local associate specialist terms and conditions. Doctors appointed to the associate specialist and staff grade role before the grade closed in 2008 may also still be employed on terms linked to that grade.

Along with HEE and other organisations, the General Medical Council recognise that SAS and Locally Employed Doctors (LED) are a vital part of the UK's medical workforce and are critical to patient care. In their 2018 **The state of medical education and practice across the UK** report they included a commitment to find out more about these doctors, to gain an appreciation of the roles they carry out and the challenges they encounter. It also confirmed that they will undertake a UK wide survey of SAS doctors and LEDs in 2019. We understand that the survey aims to provide a robust and rich data source, to help develop evidence based initiatives and solutions.

Commitment 1: NHS Improvement and HEE, with partners, will continue to develop an improved data set about SAS doctors, including use of the Model Hospital.[8]

[6] Humphrey, Charlotte et al (2009) Clarifying the factors associated with progression of cases in the GMC's itness to practise procedures: Full Research Report, ESRC End of Award Report, RES – 153 – 25 – 0101, Swindon: ESRC.
[7] General Medical Council: The state of medical education and practice in the UK 2015 (2015): available at https://www.gmc-uk.org/-/media/documents/somep-2015_pdf-63501874.pdf (pages 71 to 75)
[8] The Model Hospital is a digital information service provided by NHS Improvement to identify and realise productivity opportunities.

5. Supporting SAS doctors

Doctors must be supported in the workplace to provide safe, high quality patient care. Often this support can take the form of what most would consider the basics of good employment practice. This includes an appropriate induction, support with revalidation, a job plan and job description that match the role they perform. We have heard from SAS doctors as a part of our working group that this is not always provided. While experiences can vary significantly across the NHS, evidence suggests there are several issues that are endemic to SAS doctors.

Preventing bullying and harassment

A BMA survey in 2017 found that SAS doctors are more likely to be bullied or harassed than other medical colleagues or the wider healthcare workforce.[9] Such an environment is neither conducive to the provision of high quality care, nor is it acceptable for anyone working in the NHS.

The BMA has encouraged greater action to address bullying and harassment in the profession. Research interviews with SAS doctors highlighted that SAS doctors who were bullied or harassed often felt systematically undermined and believed their treatment was linked to a lack of respect for the grade. The BMA has launched a project tackling this issue and produced an online module with BMJ Learning[10] on preventing bullying and harassment. In November 2018, the BMA hosted a one-day conference, launching recommendations on dealing with bullying and harassment.[11]

What is expected of employers

A charter setting out what SAS doctors can expect from their employers and what employers can expect from them was originally published in 2004 by the BMA. Following subsequent changes to the national contracts and education and training, the BMA, NHS Employers, HEE and AoMRC produced an updated 2014 charter for SAS doctors that sets out what they can expect from their employers and what employers can expect of them.[12] This includes recommendations on contracts, job planning, support, development, involvement in organisational structures and recruitment.

The charter recommends SAS doctors should receive:

- an appropriate contract, job plan and planned activities, including supporting professional activities (SPA) time
- regular and suitable appraisals
- appropriate access to technology, IT support and office space
- an appropriate induction to their role and site
- access to pastoral support
- access to support and development related to applying for the Certificate of Eligibility for Specialist Registration (CESR) or Certificate of Eligibility for GP Registration (CEGPR)
- access to an SAS tutor where available

[9] https://www.bma.org.uk/news/2018/april/sas-doctors-continue-to-suffer-from-bullying
[10] http://learning.bmj.com/learning/module-intro/.html?moduleId=10061413
[11] https://www.bma.org.uk/collective-voice/policy-and-research/nhs-structure-and-delivery/future-vision-for-the-nhs/future-vision-for-the-nhs-survey
[12] https://www.bma.org.uk/-/media/files/pdfs/developing%20your%20career/sas%20grade%20doctor/sas_charter_england_dec2014.pdf

- accountability in line with the doctor's seniority as a practitioner
- sufficient breadth and depth of clinical work and relevant professional activities to enable the doctor to achieve and maintain relevant competencies and develop as a clinician
- opportunities to become involved in leadership and management where appropriate
- autonomous working and coding where appropriate.

NHS provider organisations have been asked to commit to the principles of the charter through joint local negotiating committees to ensure that SAS doctors are provided with a working environment that recognises both the diversity within the SAS group and the major contribution they make to patient care.

Feedback suggests that implementation of the charter and its principles is varied. The BMA reports that only 47% of its SAS members are aware of the charter, with only 8% of SAS members reporting that their employer has implemented it in full.

Helping recruitment and retention

Recent surveys by NHS Employers and the BMA have offered insights into issues affecting the recruitment and retention of SAS doctors. The 2017 NHS Employers survey found 77% of respondents had experienced difficulty in recruiting to SAS posts. These difficulties were most acute in emergency medicine, psychiatry and paediatrics. To aid recruitment and retention, some employers have:

- introduced programmes to aid progress towards CESR
- held recruitment campaigns and produced job descriptions reflecting the SAS charter
- granted additional annual leave beyond the contractual amount
- provided SAS doctor development, leadership and teaching programmes
- implemented the SAS charter
- provided additional SPA time
- improved job planning
- supported overseas doctors in areas such as language skills.

Other recruitment tools include offering acting-up opportunities, increasing autonomy, providing mentoring and support, full integration of the SAS doctor group, and encouraging appointments to key management committees.

While recruiting SAS doctors is problematic, retention is also a significant challenge, with 31% of employers reporting difficulties. The most common reasons cited by doctors for leaving in recent surveys were career progression (78%), pay (57%), morale (48%) and career development (43%).

The 2017 BMA survey[13] suggests retention is significantly improved by implementing the SAS Charter, enabling access to development funding, recognition of SAS roles in the workplace, support for CESR applications and addressing bullying and harassment. The survey highlighted SAS doctor vacancies in the workplaces of 71% of respondents. Of those reporting such vacancies, 90% indicated there was at least one vacancy that had been unfilled for more than six months.

Commitment 2: NHS Employers and NHS Improvement will support the implementation of the SAS Charter, and in doing so will help understand and address the current challenges.

An induction to welcome SAS doctors and provide them with essential information and support to adjust to their new roles and working environments can help set expectations and integrate them into the team. This must include how the NHS works, the employer's part in the NHS, duties of a doctor, employer's procedures and policies, arrangements for clinical governance (patient safety, clinical errors, clinical risk management, complaints and litigation), orientation and support. It should be a practical induction appropriate to the role and department. This may, if appropriate, include a period of shadowing or close supervision and support. Doctors new to the NHS should be offered a mentor or 'buddy' to help their professional integration and guide them towards opportunities for professional development.

We have heard from the GMC that doctors new to the UK may require information on the ethical, social, legal and professional aspects of UK clinical practice. The GMC provides a free workshop for overseas doctors, **Welcome to UK practice**[14] (WtUKP), available since 2013.

There are also examples of good practice from the Royal Colleges. The Royal College of Anaesthetists has created a one-day event that provides information on the ethical, social, legal and professional aspects of UK clinical practice and the NHS. The event helps newly appointed anaesthetists understand their role, responsibilities and interactions with the NHS, and covers the GMC's WtUKP and the principles and values set out in **Good medical practice**.

Commitment 3: NHS Improvement and NHS Employers will work with providers and SAS doctors to raise awareness of guidance for the induction and revalidation of SAS doctors.

[13] https://www.bma.org.uk/collective-voice/policy-and-research/education-training-and-workforce/sas-doctor-survey
[14] https://www.gmc-uk.org/about/what-we-do-and-why/learning-and-support/workshops-for-doctors/welcome-to-uk-practice

6. Developing SAS doctors

Effectively developing SAS doctors can lead to a more motivated and engaged workforce that has the opportunity to work to its full potential. This equips these doctors to better meet service needs and deliver high quality patient care. Investment in developing the SAS workforce should always be considered as a route to support local workforce plans and resolve skills shortages, alongside output from national medical training programmes. A coherent approach to developing SAS doctors can be hugely beneficial in offering flexibility to employers in how they utilise their medical workforce.

An SAS doctor speaking to our working group said:

"Throughout my career I have been proactive in extending my remit and have underpinned this by solid, proven extensions of my knowledge and skills, enabling me to work to high quality standards. The SAS role has facilitated flexibility and varied work responsibilities, which has continuously ensured the maintenance of interest and enthusiasm in my work. I have continued to extend my clinical skills, which has resulted in not only undertaking solo complex clinical cases on a par with consultant colleagues, but also assisting advancement by being a pioneer in bringing new skills in the department. By proactively developing my career, I have taken an active role in the management of my clinical department and I have undertaken many formal management roles."

Developing SAS doctors can take numerous forms and can be driven by requirements of the service and/or by a desire of the individual to increase their level of expertise or broaden their scope of practice. This development can be both structured (an individual looking to formally progress through a career pathway) or focused on developing themselves within an existing role. We have heard consistently that there is a lack of a clear structure in the SAS group. This guidance supports initiatives such as credentialing and CESR/CEGPR certification, which can recognise development in a formal way.

SAS doctors told us they struggle to access learning and development opportunities, specifically in comparison to consultant colleagues or doctors in formal training programmes. This is often due to SAS doctors having limited time to access opportunities because of their vital role in managing service pressures. This is a tension for many employers who are keen to develop SAS doctors to enhance their skills and to develop future service models.

Development opportunities must match the needs of the service and individuals. Where they exist, opportunities range from small interventions to significant, longer-term plans aligned to service and workforce transformation. These include:

- access to courses in trusts that are provided to doctors in training
- specific courses targeted at SAS doctors
- attendance at regional SAS development days
- access to generic development courses, such as those in leadership and management (where many SAS doctors feel there may be a knowledge gap)
- access to secondments to develop competence in specific areas.

Formal development routes for career progression have historically been limited. Following the closure of the associate specialist grade in 2008 there has been little opportunity for promotion for SAS doctors. Doctors have essentially had the option of making a career within their existing SAS role, moving into (or back into) a formal training role, or pursuing the CESR/GEGPR route to consultant posts, which can often be difficult due to an arduous application process. The NHS Long Term Plan for England published on 8 January 2019 contained a commitment to create a new associate specialist or equivalent grade. This will enable the recognition of SAS doctors' seniority as well as establish progression opportunities within the SAS group. This new grade will also contribute to making the SAS career a more attractive option for doctors who do not wish to become consultants or GPs.

In addition, opportunities are emerging for more formal recognition of development for SAS and other doctors through work on credentialing, explored later in this document.

Whose responsibility?

SAS doctors are employed locally by provider organisations. These employers are primarily responsible for supporting their development. This aligns with professional development models used across the NHS healthcare workforce, allowing employers to tailor development opportunities to service requirements and discussions during appraisal processes.

HEE has historically provided a degree of support to SAS doctors. However, this has been inconsistently applied across England, both in the nature of activities and the funding provided. Its distribution has been via individual personal development plans, supported through employer-funded continuous professional development, or there has been an unmet need.

We have heard from SAS doctors that SAS tutors are a vital link in identifying and facilitating developmental opportunities in their employing organisation. Feedback from local HEE offices suggests that a significant majority of provider organisations have an SAS tutor in place, and where this was the case, they were often proactive in promoting the interests of the SAS workforce. We have heard that within providers, educational mentors are also essential in supporting the development of individual SAS doctors.

In parallel to developing this guidance, HEE has worked to ensure equality of access to development opportunities for all SAS doctors (see Section 6). HEE's work on developing the SAS workforce follows the same principles as the development offer to the wider healthcare workforce, namely to:

1. develop the workforce to provide out-of-hospital care
2. create the safest, highest quality health and care services
3. deliver value for money
4. prevent ill health and support people to live healthier lives
5. build the workforce for the future
6. improve services using digital technology, information and transparency.

HEE must ensure that any funded activities are aligned with service need as well as the needs of SAS doctors. The most effective approach is via the local leadership of postgraduate deans and their teams, in discussion with HEE local directors in their work supporting NHS employers to transform the workforce.

The SAS doctor development guide[15] was produced in partnership with the BMA, HEE, AoMRC and NHS Employers in February 2017. It aims to make sure that this important group of doctors remain fit to practise and develop in their careers.

Activities to support SAS doctors are wide ranging. We have heard from SAS doctors that they particularly value support with:

- development to take a more active teaching role
- the opportunity to be involved in the teaching opportunities offered to doctors in training
- upskilling in broad clinical roles to enable SAS doctors to take managerial and leadership roles within their departments
- upskilling to enable SAS doctors to take a greater role in leading services, such as out of hours.

While development opportunities such as these can be funded (where funding is required) by local employing organisations and HEE, it is vital that Royal Colleges develop programmes and ensure access for SAS doctors.

Commitment 4: HEE and NHS provider organisations will ensure SAS doctors are offered development opportunities linked to service need, their experience and career aspirations.

[15] http://www.aomrc.org.uk/reports-guidance/sas-doctor-development-guide/

Credentialing

HEE is working with partners including the GMC to develop regulated credentials in a range of specialist areas. The GMC has developed a draft framework for credentials (and asked for external feedback by 25 January 2019). The framework is focused on enabling more flexibility in training to address future patient and service needs, and on areas where regulation is limited and therefore, patients may be at risk, such as cosmetic surgery.

The draft framework proposes introducing credentials in phases, focusing initially on priority areas. Once the first credentials have been introduced, the GMC plans to develop and expand on this initial phase.

One benefit of credentialing is recognising doctors' capabilities in areas of practice. This supports workforce flexibility and doctors' career development as their practice changes over time. The GMC proposes that credentials would be annotated on the list of registered medical professionals, which would potentially allow formal recognition of SAS doctors' capabilities.

Within the framework there is potential to allow SAS doctors engaged in specialist areas to develop and expand their scope of practice, and therefore it is important to continue to link the two work programmes. Consequently, HEE is committed to working with the GMC and others to make credentialing opportunities available to SAS doctors where they meet the eligibility criteria and will be looking at developing future options later in 2019.

Commitment 5: HEE will work with the GMC to explore the extent to which developments in credentialing can include opportunities to develop SAS doctors.

Access to e-portfolios and CESR/CEGPR certification

While there is no formally recognised development opportunity for SAS doctors within the specialty doctor grade (or within any of the now closed grades), one avenue for formal career progression is obtaining a CESR, which essentially offers a pathway for SAS doctors to join the specialist register.

There are examples where supporting doctors to obtain CESR certification to become consultants has hugely benefited NHS providers, especially in specialties with recruitment and wider service provision challenges.

Case study – Improving SAS support in Derby

In 2004, Derby teaching hospitals set up specific 'CESR rotation-style posts', intended to provide interested clinicians with support and training to successfully complete the CESR process via specific three-month, secondment-style modules.

In 2013, the trust had 4.7 whole-time equivalent doctors in historical 'middle grade' posts in the emergency department, with 2.9 of those SAS and 1.8 higher specialist. Trainees' sickness rates were at an all-time high of 10%, and trainees were undertaking regular, non-rostered nightshifts, which was unsustainable. The trust engaged with emergency department SAS and locum doctors to improve working conditions and provide more structure. The trust created a bespoke 12-month rotation tailored to individual needs. This includes:

- three months outside the emergency department working in acute medicine, paediatrics, intensive care and anaesthetics
- a nominated consultant supervisor in the four speciality areas, aware of doctor requirements in terms of competencies
- an allocated consultant educational supervisor during the appointment, supporting the clinician
- the clinician developing to manage the emergency department overnight
- attendance at a teaching session once a month in the department, supported by consultant staff
- a teaching and training programme, eight hours of teaching once a month, two hours of protected time a week for CPD, and two hours of protected time a week for non-clinical work, such as research.

The changes have had a dramatic impact. Rotas within the department now meet clinical need. There are 30 SAS doctors and seven junior clinical fellows (in informal F3). Sickness rates have fallen to 4%, and agency spend has reduced. The trust is set to have four consultants who are on the SAS doctors' scheme who will act up or work as a consultant.

SAS doctors have told us several support mechanisms would help them in developing a CESR or CEGPR application. These include:

- sharing toolkits
- offering advice through SAS tutors and networks
- sharing examples of good practice
- offering membership of working groups, so doctors in similar positions can share experiences.

We have heard from SAS doctors who have attained CESR/CEGPR status that support in accessing secondments that enable doctors to achieve competencies are invaluable. While it is primarily the local employer's role to identify and support, HEE will help raise awareness of secondment opportunities and facilitate these where appropriate.

SAS doctors say the biggest obstacles when applying for CESR/CEGPR certification are access to their relevant college e-portfolio to record competence against a curriculum, and matching competence attained during their career against the CESR/CEGPR competencies.

Some colleges allow SAS doctors to access portfolios, and others restrict access. In addition to helping with the CESR/CEGPR application process, access to e-portfolios can be beneficial for doctors collecting evidence to inform appraisal and revalidation.

Matching attained competencies to the requirements for CESR/CEGPR certification is a complex issue. SAS doctors have told us that, as their career pathway has not followed a structured path compared to a doctor on a formal training programme, they often feel their competency profile is outside requirements, and that much of the experience they have gained cannot be recognised in their application. This is where guidance from SAS tutors, the GMC and Royal Colleges can be valuable, in offering an assessment of which competencies attained can be credited in an application and advising on the pathway to CESR/CEGPR certification, and whether that pathway is realistic.

It is important to note that CESR/CEGPR certification is neither suitable for, nor desired by, all doctors. Many SAS doctors have made a conscious decision to enter the grade as an alternative career choice to becoming a consultant, and the option of pursuing specialist registration via another route is not appealing. A recent BMA survey suggested that only 27% of SAS doctors[16] were interested in applying for CESR/CEGPR. While examples, such as Derby, prove that CESR can be hugely valuable for both NHS providers and doctors, it is important this is not considered the sole developmental route.

Commitment 6: AoMRC will work with the Royal Colleges to encourage access to e-portfolios for SAS doctors who require it.

[16] https://www.bma.org.uk/collective-voice/committees/staff-associate-specialists-and-specialty-doctors-committee/sasc-survey

Entry or return to formal training

For some SAS doctors, rather than applying for CESR certification, the preferred development route is via a formal national training programme. As identified in Section 2, this is often a route taken by trust-employed doctors. HEE is exploring how this process can be supported through a better facilitated and more flexible ability to step out of and back into training programmes. The most significant barrier SAS doctors face when looking to re-enter a formal training programme is gaining recognition for the experience and competence they have developed while out of training, with access to relevant e-portfolios depending on the policy of individual colleges.

Doctors appointed to a UK training programme who undertake all training in approved locations may apply to join the register via a Certificate of Completion of Training (CCT). Doctors who join a training programme with prior experience can have their competencies assessed at their first annual review of competence progression (ARCP) and complete a shorter training programme. The GMC is notified by the dean and college that this trainee is now on a CESR-combined programme route. Application evaluation to join the register is similar to a CCT, as they have collected ARCP and other evidence for the latter part of their training.

Commitment 7: HEE will work with the GMC to explore how SAS doctors who wish to return to formal training can be better supported to do so.

Involvement in education and supervision

We have heard from SAS doctors that they would be keen to take opportunities for development, to enable their experience to be used more effectively in education and training activities.

In postgraduate training, this is via educational and clinical supervisors roles; in undergraduate education, it is through responsibilities for overseeing the progression of medical students and by taking the lead co-ordinators' roles in local education providers. For all roles, recognised trainers may be SAS doctors. Gaining recognition as trainers would emphasise their essential contribution to training and contribute to the fair and equitable appreciation of training responsibilities. We have heard from SAS doctors and educators that while they are able to assume formal roles in the supervisory process, they are used very rarely, citing hesitancy from Royal Colleges and employing organisations.

More effective involvement of this group in supervision roles could hugely benefit employers and the development of our future medical workforce, especially given the demands on the consultant body. We have also heard that involving SAS doctors in the education and supervision process helps raise awareness of SAS as a valid and rewarding career option.

Commitment 8: AoMRC and HEE will explore how SAS doctors can be involved more effectively by colleges as a part of the education process, specifically as educational and clinical supervisors for doctors in training.

7. Raising awareness

Doctors' expectations of their careers are changing, and the traditional approach of progressing through a formal 'linear' training programme to the point of being awarded a CCT is not suited to everyone.

We have heard, both from SAS doctors and doctors in training, that when making decisions about their career pathway they are often unaware of options outside formal training programmes, and that SAS roles are not promoted as widely as they could or should be. Those aware of SAS doctors that the roles were often perceived as unpopular for trainees and there was little done to promote SAS or trust-grade roles as a career of choice. However, we have heard that these posts can often align with family life or career expectations in general and crucially can be valuable to employing organisations in ensuring a dedicated and flexible medical workforce.

Section 1 of this guidance outlined some of the roles within the broad field of SAS and trust-grade doctors and the various routes into those roles. Yet we are aware these are rarely promoted as an option for doctors considering their career in medicine. Medical students, and those in the early stages of medical training, need to understand the role of SAS doctors and their contribution to the wider medical team. This can partly be encouraged by involving more SAS doctors in the educational process, but the roles of SAS doctors can also be better promoted across the NHS. The NHS careers function engages with future doctors before entry to medical school and can be used to raise awareness of the entire breadth and scope of medical careers. Ensuring that the promotion of medical careers includes information on SAS doctors is essential.

Commitment 9: HEE, with partners, will ensure that the SAS role is supported, developed and promoted as a viable alternative to training and consultant grade roles.

8. Making it happen

Models of healthcare provision continue to evolve, and ensuring a medical workforce equipped to deliver future healthcare service needs is essential. To facilitate this, national agencies including NHS Improvement, HEE and NHS Employers have developed workforce transformation programmes. These help provider organisations ensure their workforce is equipped to deliver vital services and is in a position to help achieve service transformation.

Commitment 10: HEE, NHS Improvement and NHS Employers will ensure that SAS doctors have a clear role to play in workforce transformation and planning.[17]

[17] This builds on examples such as urgent and emergency care, where the role of SAS doctors has been particularly effective. See https://www.hee.nhs.uk/our-work/emergency-medicine/emergency-departments-workforce

As noted in Section 6, HEE has historically provided a degree of support for SAS doctors, although this has varied across local offices, both in terms of activity and funding. The main funding has come from workforce development funds managed at regional level. This has reduced over recent years, which has led to inconsistent resourcing and activities. However, this fund is increasing in 2019/20, which may provide timely opportunities.

The variation in HEE support at a regional level has been influenced by factors including:

- history, custom and practice, including the use of local SAS doctor groups
- availability of HEE expertise to contribute (often in partnership with others such as NHS provider organisations) to training needs analysis
- availability of funding and guidance to SAS doctors on how this can be accessed
- service demand in areas of workforce challenge where HEE has specifically invested in support of individuals and groups of SAS doctors
- investment in SAS doctors as part of wider multi-professional workforce development – for example, in urgent care services
- career intentions and aspirations of individual SAS doctors.

The variation in regional funding is often related to variation in the resourcing of associate deans or senior educators with responsibility for the SAS workforce, posts which do not exist everywhere. Clarity in the understanding of numbers and categories of SAS doctors outside those indicated on the electronic staff record will help direct support funding and activities more effectively.


8
PHILIPS

To support a consistent model of funding and to aid the future development of SAS doctors, HEE will:

- set out the principles for workforce development funding for this group
- propose more detail on upskilling themes, categories and activities, providing greater clarity on what is covered by the workforce development allocation
- propose a process to assess and approve any future investment activity not currently in the proposed menu
- set out the process for accounting, reporting and value for money.

Commitment 11: HEE will ensure consistency of funding for SAS doctors, in terms of geography and in activities funded through SAS tutors, associate deans and/or a nominated individual with responsibility for SAS doctors.

9. Next steps

This guidance has described 11 shared commitments to be progressed, which collectively will improve awareness, support, development and use of the SAS doctor workforce. To ensure these actions are implemented, each contributing organisation will be asked to develop a plan for their lead areas. The system-wide partnership working group that has informed the development of this guidance will continue to meet to drive and monitor progress.

The NHS Long Term Plan sets out the NHS commitment to SAS doctors aligned to this guidance. Within HEE, funding for SAS doctors will be administered via regional offices aligned to the clinical leadership of postgraduate deans, but also involving SAS tutors, associate deans and other individuals with responsibilities for SAS doctors, based on the needs of SAS doctors and their health economies. This aligned guidance will ensure there is a visible career trajectory for SAS doctors that is a genuine alternative for those not wanting to pursue present day postgraduate training.

Appendix A – Membership of the SAS working group

This guidance has been produced through the hard work of the HEE-led working group. While group membership has varied throughout production of the guidance, the substantive membership is:

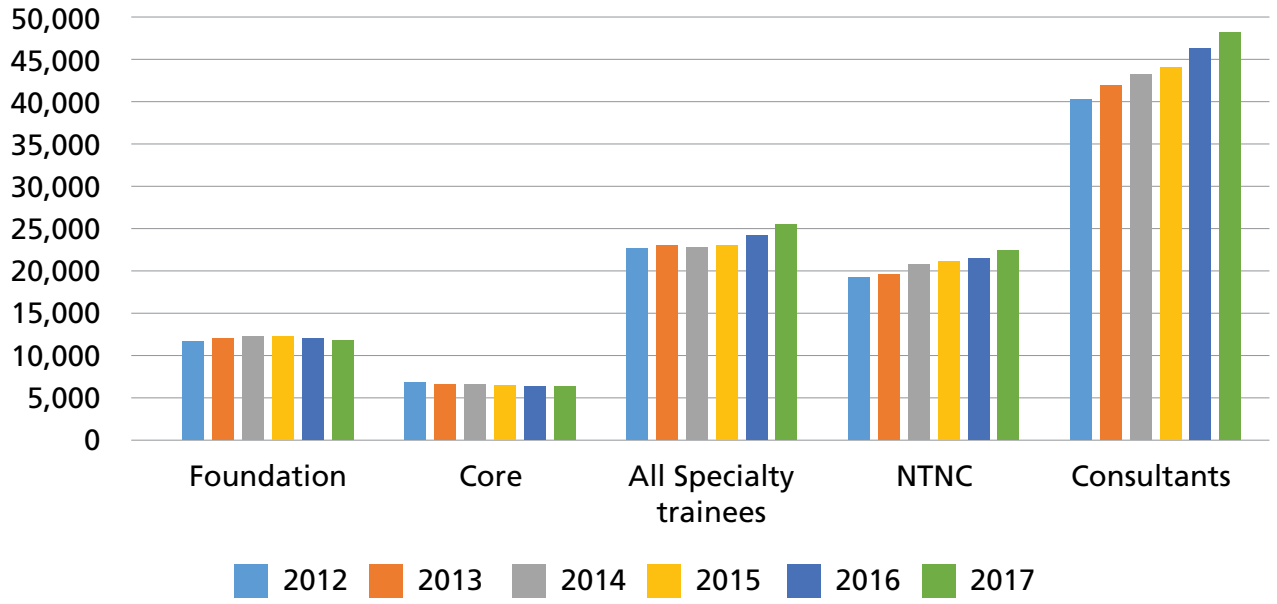
Name	Role/employer
Sanjiv Ahluwalia	Chair, Postgraduate Dean, HEE North Central and East London
Becky Shaw	Project Manager and Secretariat, Medical Education Reform Programme, HEE
Jenna Harrison	Project Officer and Secretariat, Medical Education Reform Programme, HEE
Andrew Milner	Programme Lead, Medical Education Reform Programme, HEE
Chris Watt	Stakeholder Engagement Manager, Medical Education Reform Programme, HEE
Susan Redward	Policy Manager, General Medical Council
Amit Kochhar	Chair, SAS UK Committee of BMA
Anthea Mowat	Representative Body Chair, BMA
Graeme Larkin	Senior Policy Advisor, Regulation, Education and Training
Dan Boden	Emergency Medicine Consultant, Royal Derby Hospital, and Member of the Royal College of Emergency Medicine
David Evans	Vice-President (Training & Assessment), Royal College of Paediatrics and Child Health
Matt Aiello	National Programme Lead, Urgent and Emergency Care, HEE
David Farrelly	Regional Director, HEE Midlands and East
Karen Smith	Royal College of Surgeons
Mamdouh Morgan	Associate Postgraduate Dean, HEE West Midlands
Karen Mounce	Training Programme Director, Wessex
Sue Carr	Associate Medical Director and Director of Medical Education, University Hospitals of Leicester
Debbie Phillips	Director of Medical Education, Milton Keynes Hospital NHS Foundation Trust
Bev Ingram	Executive Clinical Lead, Workforce Transformation and Innovation, HEE
John Stock	Head of Workforce Planning, HEE
Peter Hockey	Postgraduate Dean, HEE Wessex
Andrew Matthewman	Senior Policy Manager, HEE
Mark Radcliffe	Regional SAS Lead, HEE, Yorkshire and Humber
Itty Samuel	Associate Specialist, King's College Hospital NHS Foundation Trust

Pandurang Kulkarni	King's College CL/SAS Drs/KCH Chair/SASG Forum, HESLTBA, President, NSSA, FRCS, MBBS
Kirstin May	Chair of AoMRC SAS committee, Council member RCoA
Khalida Wilson	Programme Manager, NHS Employers
Jennifer Dolman	Associate Dean, HEE, Wessex Region
Imran Saif	Lead Associate Dean for SAS doctors
Rajesh Kumar	Deputy Chair, SASC UK (Education and Development)
John O'Keeffe	Assistant Director of Education and Training, Royal College of Paediatrics and Child Health
Stuart Murdoch	Clinical Lead, NHS Improvement
Rebecca Barnard	Survey Project Officer, GMC
Laura Hipple	RCOG SAS Lead, SAS tutor
Aruna Hodgson	Associate Dean, HEE North West

Appendix B – Workforce information on SAS doctors

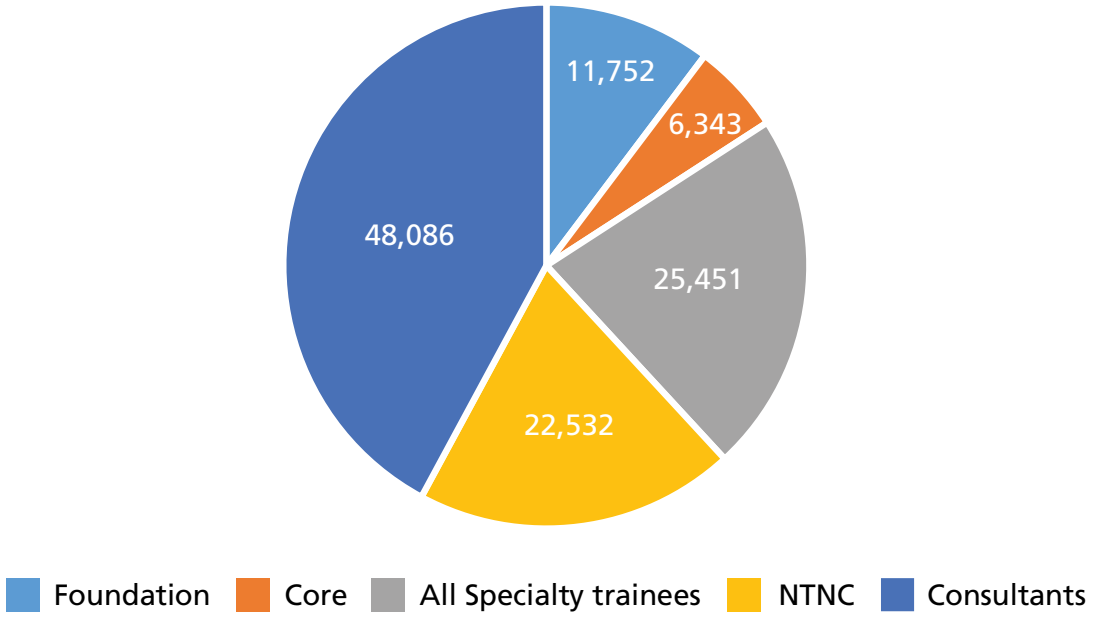
The graph below shows how the proportion of medical staff has remained constant over the past five years, while overall numbers have grown.

Changes in numbers of medical staff over time (headcount)
NHS in England, HEE combined data set



The term 'NTNC' refers to doctors who are neither consultants nor in training. In 2017 there were approximately 22,500 individuals coded to NTNC staff categories in the medical workforce. Four in five NTNC staff were contracted to work 0.9 full-time equivalent or more, the average full-time equivalent was 0.89.

Medical staff by category - 2017, Headcount
NHS in England, HEE combined data set



The table below shows, by HEE region, the numbers (headcount) observed in electronic staff records at the end of March 2017 who meet the following criteria:

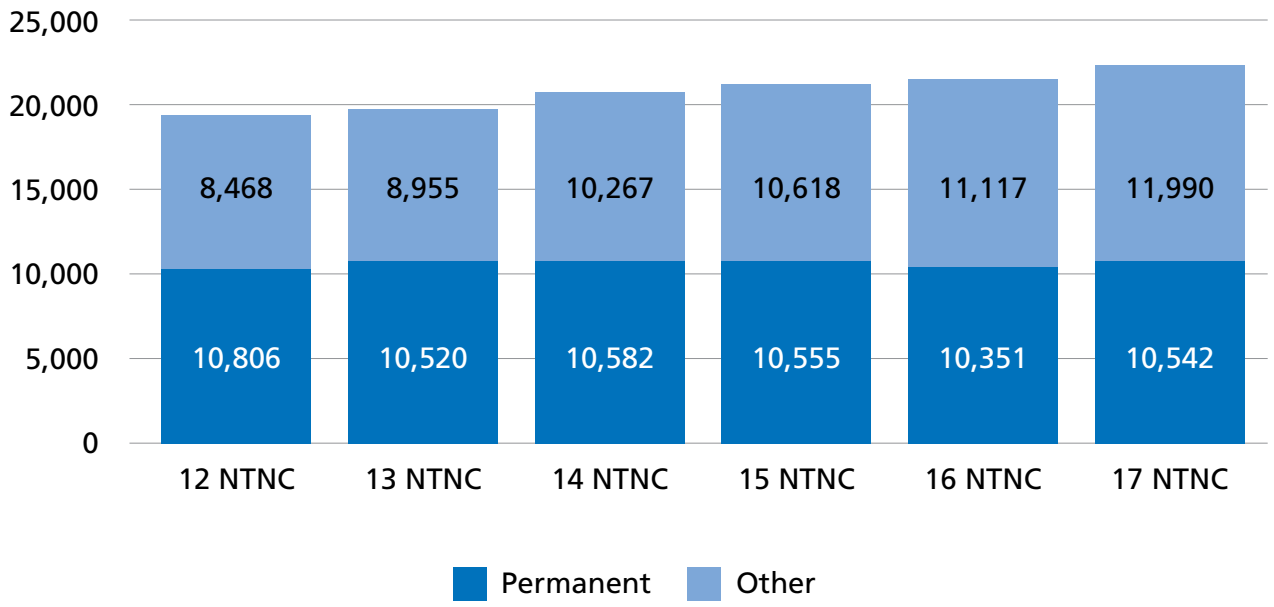
- medical staff (ie not dental)
- with full-time equivalent of more than 0.1
- NTNC
- permanent contract
- aged under 55
- not recorded on GMC specialist register.

The shading indicates the relative concentration.

Grouped speciality	North	East and Midlands	London	South	SUM
Emergency medicine	201	208	107	216	732
Anaesthetics and ICM	239	266	126	200	831
Acute take specialties	175	181	49	147	552
Wider medical specialties	175	169	109	170	623
Path and lab	28	34	15	25	102
Psychiatry	219	244	156	229	848
Surgery	405	359	135	258	1157
O&G and sexual health	103	90	56	92	341
Oncology	35	43	16	44	138
Ophthalmology	101	105	25	87	318
Paediatrics	94	95	38	129	356
SUM	1775	1794	832	1597	5998

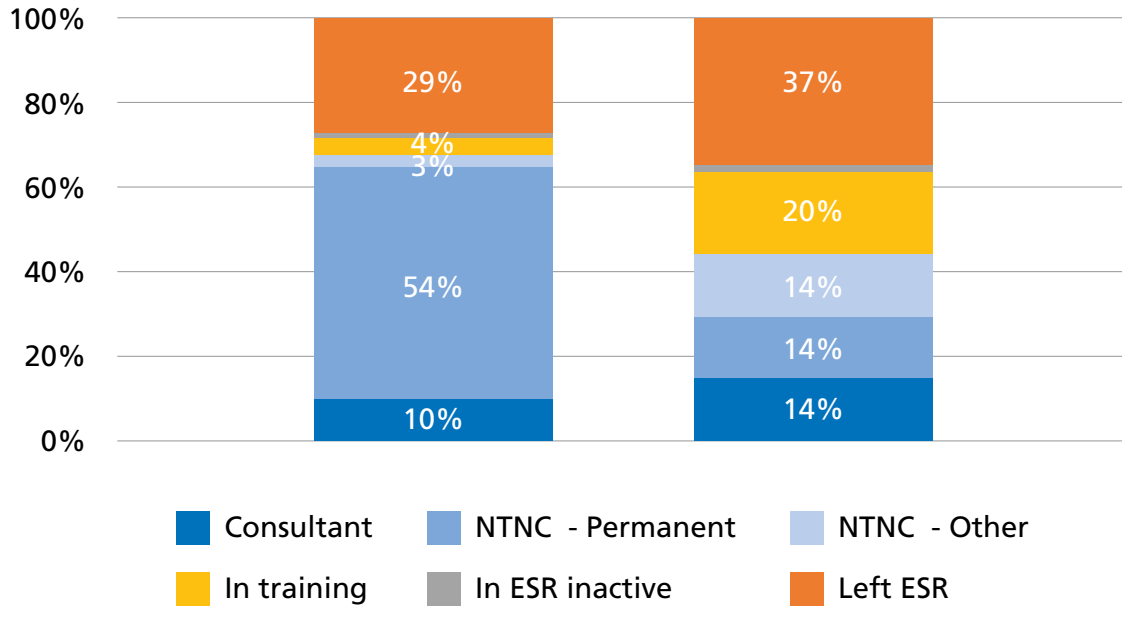
The workforce employed on 'permanent' contracts has remained relatively steady while the non-permanent component has grown. While both groups are relatively volatile, the labour market behaviour of the two groups reflects their employment status. The 'stability index' is a measure of the extent to which the workforce moves into and out of a given group. The average annual stability index of those with permanent contracts was 83%. The average annual stability index of those with non-permanent contracts was 46%. Half this group leave or join the group in any 12-month period.

NTNC Staff by contract type 2012-2017



The table below shows where staff who were NTNC in 2012 were in 2017. Half those with permanent NTNC contracts are still on such contracts. Just 14% of those with non-permanent contracts in 2012 are on the same contracts in 2017, although a further 14% have migrated to permanent NTNC contracts.

'Destination' in 2017 of NTNC staff in 2012 by contract type in 2012 (wte)



Appendix C – Shared commitment matrix

	Commitment	Lead organisation
1	NHS Improvement and HEE, with partners, will continue to develop an improved data set about SAS doctors, including use of the Model Hospital.	NHS Improvement and HEE
2	NHS Employers and NHS Improvement will support the implementation of the SAS Charter, and in doing so will help understand and address the current challenges.	NHS Improvement and NHS Employers
3	NHS Improvement and NHS Employers will work with providers and SAS doctors to raise awareness of guidance for the induction and revalidation of SAS doctors.	NHS Improvement and NHS Employers
4	HEE and NHS provider organisations will ensure SAS doctors are offered development opportunities linked to service need, their experience and career aspirations.	HEE
5	HEE will work with the GMC to explore the extent to which developments in credentialing can include opportunities to develop SAS doctors.	HEE, GMC
6	AoMRC will work with the Royal Colleges to encourage access to e-portfolios for SAS doctors who require it.	AoMRC
7	HEE will work with the GMC to explore how SAS doctors who wish to return to formal training can be better supported to do so.	HEE, GMC
8	AoMRC and HEE will explore how SAS doctors can be involved more effectively by colleges as a part of the education process, specifically as educational and clinical supervisors for doctors in training.	AoMRC, HEE
9	HEE, with partners, will ensure that the SAS role is supported, developed and promoted as a viable alternative to training and consultant grade roles.	HEE
10	HEE, NHS Improvement and NHS Employers will ensure that SAS doctors have a clear role to play in workforce transformation and planning.	HEE, NHS Improvement, NHS Employers
11	HEE will ensure consistency of funding for SAS doctors, in terms of geography and in activities funded through SAS tutors, associate deans and/or a nominated individual with responsibility for SAS doctors.	HEE

Health Education England
www.hee.nhs.uk

LinkedIn
@NHS_HealthEdEng
www.facebook.com/nhshee